



USAID
FROM THE AMERICAN PEOPLE

Strengthening Family Planning Project

تعزيز تنظيم الأسرة

Trip Report JAFPP Governance and Management Follow up Assessment

June 29– July 10, 2014

Submitted to:

Ziad Al Muasher

Agreement Officer's Technical Representative (AOTR)

USAID/Jordan

Prepared by:

Carlos Cuéllar

Abt Associates, Inc.

Submitted by:

Reed Ramlow

Chief of Party

Strengthening Family Planning Project

Abt Associates Inc.

July 27, 2014

Strengthening Health Outcomes through the Private
Sector (SHOPS)

Associate Cooperative Agreement No. 278-A-00-10-
00434-00

The information contained in this document is considered
CONFIDENTIAL and is intended for the recipient and their
authorized representatives only. Any unauthorized distribution is
strictly prohibited without the prior written consent of submitter.

Table of Contents

Abbreviations	1
Executive Summary	2
1. Background	3
2. Scope of Work	3
3. Activities	4
4. Reassessment of JAFPP's Governance and Management	4
4.1. Assessment of BOD's basic responsibilities	6
4.2. Level of implementation of and Compliance with the DOA	7
<i>Operations Financial Management</i>	7
<i>Human Resources Management</i>	9
<i>Operations (Clinic and Outreach) Management</i>	12
<i>Procurement Management</i>	14
4.3. Reassessment of the Capacity-Building process	16
<i>Performance capacity: are the tools available to do the job?</i>	16
<i>Personnel (staff) capacity: is the staff sufficiently knowledgeable, skilled, and confident to perform properly?</i>	17
<i>Workload capacity: are there enough employees with the skills to cope with the workload? Are job descriptions practicable and skill mix appropriate?</i>	17
<i>Supervisory capacity: are there reporting and monitoring systems in place? Are there clear lines of accountability?</i>	17
<i>Support service capacity: Are there maintenance, logistic, and quality control systems in place?</i>	18
<i>Systems capacity: do the flows of information, money and managerial decisions function in a timely and effective manner? Can purchases be made without lengthy delays for authorization? Are proper filing and information systems in use?</i>	18
<i>Structural capacity: are there decision-making forums where corporate decisions made, records kept, and individuals called to account for non-performance?</i>	19
<i>Role capacity: do individuals, teams and committees have the authority and responsibility to make the decisions essential for effective performance?</i>	19
5. JAFPP progress in achieving the governance and management indicators of the PMP	20
6. Suitability of the <i>ProCap Index</i> assessment tool to measure JAFPP capacity building	20
7. Conclusions and recommendations to enhance governance and management	21
<i>Overall Conclusions</i>	21
<i>Overall recommendations</i>	22
Annex 1: List of Contacts	24
Annex 2: JAFPP Governance & Management Timeline 2007-2014	25

Abbreviations

AOR	Agreement Officer Representative
BOD	Board of Directors
DOA	Delegation of Authority
GSAT	Governance Self-Assessment Tool
JAFPP	Jordan Association of Family Planning and Protection
MIS	Management Information System
MOSD	Ministry of Social Development
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
OD	Organizational Development
PMP	Project Monitoring Plan
PR	Public Relations
QA	Quality Assurance
SHOPS	Strengthening Health Outcomes through the Private Sector
SOP	Standard Operating Procedure
SOW	Scope of Work
SMT	Senior Management Team
STTA	Short Term Technical Assistance
USAID	United States Agency for International Development
USG	United States Government

Executive Summary

The Strengthening Family Planning Project (in Arabic *Ta'ziz Tanzim al-Usra* or *Ta'ziz* for short) is a five-year project funded by the United States Agency for International Development (USAID) that aims to expand the availability, quality, and use of family planning (FP) services through partnership with the private, non-governmental sector in Jordan. To support organizational development and capacity building at the Jordan Association for Family Planning and Protection JAFPP, Dr. Carlos Cuellar of Abt Associates traveled to Amman from June 29– July 10, 2014. The purpose of the trip was to conduct a governance and management follow up assessment of JAFPP, focusing on its adherence to governance and management procedures and policies. The work was performed with guidance from and in coordination with Hanan Zaidah, the Ta'ziz organizational development manager.

The **main conclusions** of this reassessment are:

1. Governance is effectively working under new bylaws, DOA, and Code of Ethics. The JAFPP governance and management structures, systems, and procedures have continued to improve and have been sustained in the last two years.
2. The organizational change process was driven by the JAFPP's SMT with Ta'ziz project support. Both the Executive Director and first line managers participated actively and are revealed a good level of commitment.
3. Change process was affected in part by the instability of the BOD leadership. This constraint was effectively overcome through continuous dialogue and coordination between the different board members and the Ta'ziz project.
4. Quality of BOD and Management's decision making has improved and is generally based on information and consultation.
5. Key interventions in the capacity building process included: Implementation of the DOA in four critical areas: financial management, human resources, operations, and procurement; Adjustments in the organizational structure; Development of the SOPs for key areas; Design and development of the human resources function; Improvement of the management information systems function; Institutionalization of weekly executive team meetings as a decision mechanism forum; Strengthening of key management support functions.
6. There is clear progress on key capacity building areas: performance capacity, staff capacity, workload capacity, supervisory capacity, support service capacity, systems capacity, structural capacity, and role capacity. Supervisory capacity is the weakest area.
7. Management is more empowered and in a better position to support clinics and programs than two years ago. However, clinics require a higher productivity and higher utilization of capacity to achieve the objectives defined in the JAFPP Emergency 18-Month Business Plan 2014-2015 submitted in May 11, 2014. The real challenge is to maximize the use the existing management capacity to support the clinic network.

The **overall recommendations** emerging from this reassessment are:

1. Harness the potential of JAFPP's management systems to improve the performance of the clinic network.
2. Optimize the quality and use of information in the decision making process.
3. Continue the support to the Executive Director and SMT members.
4. Continue the training of BOD members on effective governance.

1. Background

The Strengthening Family Planning Project (in Arabic *Ta'ziz Tanzim al-Usra* or *Ta'ziz* for short) is a five-year project funded by the United States Agency for International Development (USAID) that aims to expand the availability, quality, and use of family planning (FP) services through partnership with the private, non-governmental sector in Jordan. The program is contributing to increase the availability and use of modern contraceptive methods, a reduction in the current high rates of discontinuation and a reduction in unmet need. To achieve these objectives, the project has the following component areas, which work in synergy with each other:

- Strengthened management and governance systems and financial sustainability at the Jordan Association for Family Planning and Protection (JAFPP)
- Increased access to and quality of private sector FP services
- Increased demand for FP products and services within the total market

2. Scope of Work

The objective of this Short Term Technical Assistance (STTA) was to conduct a governance and management follow up assessment of the Jordan Association for Family Planning and Protection (JAFPP), focusing on its adherence to governance and management procedures and policies.

Dr. Carlos Cuellar, Abt Associates' Senior Advisor for Governance and Organizational Development, visited Jordan to lead the assessment. He performed the following tasks.

- Review the 2012 JAFPP organizational assessment report, JAFPP's governance self-assessment reports for 2011 and 2013, relevant performance indicators in the project's performance monitoring plan (PMP), and relevant project reports.
- Reassess JAFPP's level of implementation and compliance with its amended bylaws and delegation of authority (DOA) document, signed by the board and management in 2010.
- Reassess the achievement of milestones within the systemic capacity building process that are directly related to management and governance.
- Review the *ProCap Index* assessment tool and determine its suitability for use to measure JAFPP progress in organizational development areas.
- Provide recommendations that would enhance current organizational development efforts.
- Determine JAFPP progress against the following indicators in the PMP:
 - % adherence to management authority procedures and policies
 - % adherence to human resource procedures and policies
 - % adherence to financial management procedures and policies

3. Activities

The SOW was performed between June 26 and July 18, 2014 with guidance from and in coordination with Hanan Zaidah, the *Ta'ziz* organizational development manager. In-country dates were June 29-July 10, 2014.

Activities included review of background documents, and reports (JAFPP organizational assessment report 2012, JAFPP governance self-assessment reports of 2011 and 2013, the project PMP, and the Project Annual Reports). Activities included also interviews with members of JAFPP's Board of Directors and Senior Management Team. The list of contacts is presented in [Annex 1](#).

4. Reassessment of JAFPP's Governance and Management

JAFPP's governance and management was reassessed through the level of implementation and compliance with the amended bylaws and the Delegation of Authority (DOA) document. These documents are the foundation of a change process to strengthen the structure, systems and roles that define governance and management capacity of JAFPP. The reassessment measured progress, sustainability of gains, and identify improvement opportunities for enhancing current organizational development efforts.

The reassessment used the same methodology than the previous assessment (July 2012) which was based on the following: a) assessment of BOD's *Basic Responsibilities*¹; b) level of implementation and compliance of the DOA, and b) assessment of the elements of the *Systemic Capacity Building*² process that are directly related with management and governance. The sources of information were interviews and review of internal documents cited on Section.3.

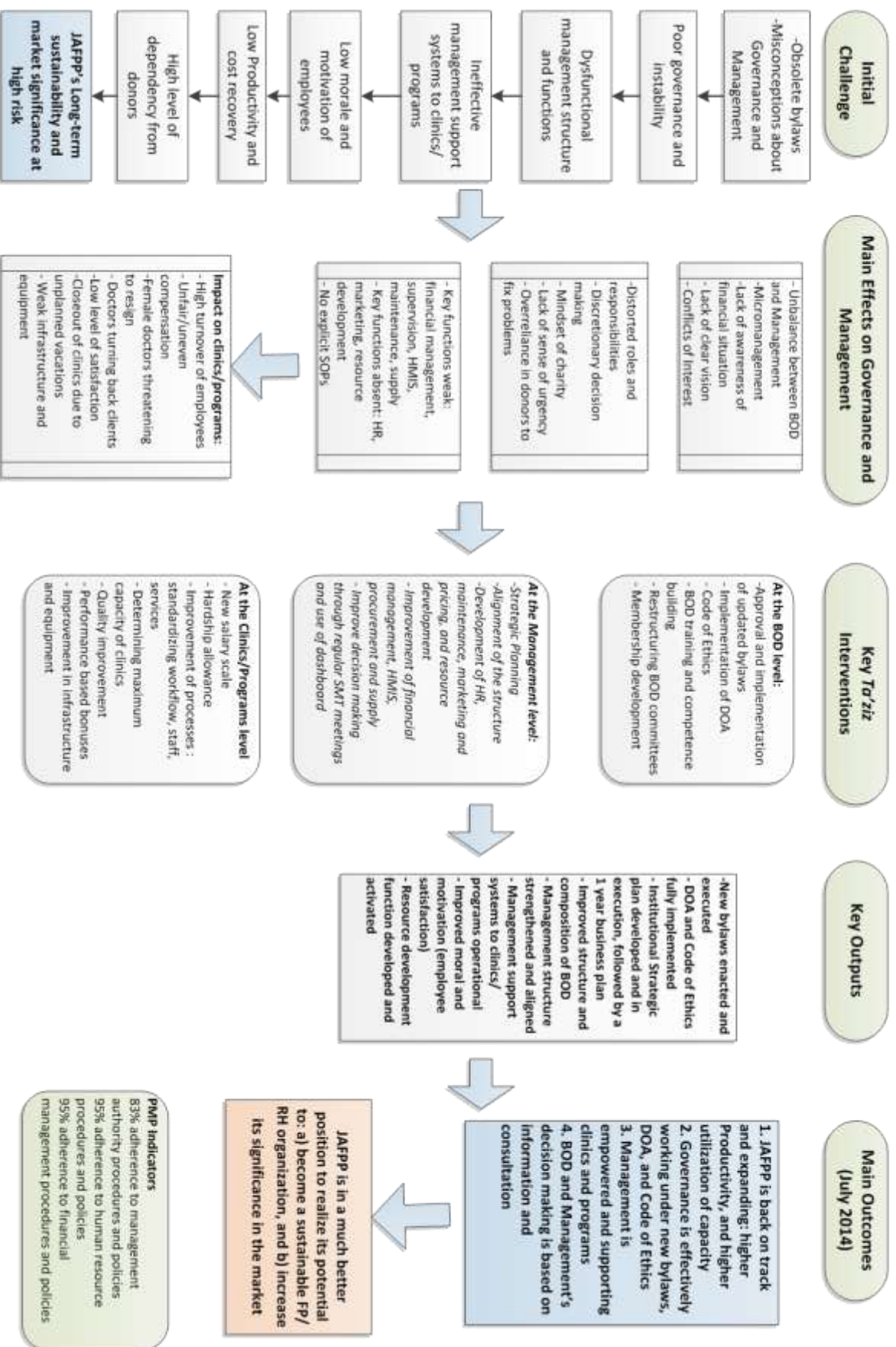
The **JAFPP's Governance and Management Framework** is presented in the following diagram. It summarizes the causal pathway of the initial challenge, the main effects on governance and management, the main effects on clinics and programs, the key *Ta'ziz* interventions, as well as the main outcomes as of July 2014.

The **timeline 2007- 2014** with the milestones related with JAFPP's governance and management and its relationship with both USAID and the *Ta'ziz* project is presented in [Annex 2](#).

¹ The assessment of the BOD's performance was compared against the "Ten Basic Responsibilities of Board of Directors of Non-Profit Organizations" as defined by *BoardSource*, an authority and a resource in building effective nonprofit boards (www.boardsource.org).

² Systemic capacity building: a hierarchy of needs, Christopher Potter and Richard Brough, *HEALTH POLICY AND PLANNING*; 19(5): 336–345, © Oxford University Press, 2004

JAFPP Governance and Management Framework



4.1. Assessment of BOD's basic responsibilities

The 2010 baseline assessment of the BOD's compliance with its Basic Responsibilities showed that most of them were not fulfilled. Existing by-laws and their interpretation of the national laws were driven a BOD role that was focused on management. In consequence, JAFPP's BOD has stepped out of its governance role and is engaged with the actual operations of the organization.

The July 2014 reassessment shows a substantial progress in fulfilling those responsibilities and the areas of improvement that still remain. The following table summarizes both assessments.

Assessment of JAFPP BOD's fulfillment of the "Ten Basic Responsibilities of a Board of Directors of Non-Profit Organizations" (<i>BoardSource</i>, www.boardsource.org)		
Basic Responsibilities	Baseline Assessment (2010)	Reassessment (2014)
-Determine the organization's mission and purpose	-Not fulfilled. Mission and purpose are not discussed in BOD's meetings	-Fulfilled. BOD contributed to the strategic plan that defined mission and purpose.
-Select the Executive Director	-BOD selects not only the Executive Director but all staff	-No need to exercise this responsibility.
-Provide proper financial oversight	-BOD is actually managing the finances. Thus, the oversight function is not established	-Fulfilled. The oversight function is established and being performed by the BOD
-Ensure adequate funding/resources	-Not fulfilled.	-Not fulfilled but BOD is actively participating in the establishment of the resource development function
-Ensure legal and ethical integrity and maintain accountability	-Partially fulfilled. There is no accountability of neither BOD nor staff	-Partially fulfilled. Progress has been made with the approval of the new bylaws and the Code of Conduct. It needs to be more enforcement.
-Ensure effective organizational planning	-Not fulfilled. Organizational planning process is not systematic.	-Fulfilled. Strategic and operational planning is has been established
-Recruit and orient new assembly/board members and assess board performance	- New members recruited but no orientation so far. - No assessment of BOD performance.	-Recruitment and orientation of new members remain unsystematic -Self-assessment of BOD meetings is being conducted
-Enhance the organization's public standing	-Not fulfilled	- Partially fulfilled. A PR strategy to enhance JAFPP's public positioning was developed and a website is under construction. - An intensive program of introducing JAFPP to Donors' community has been implemented
-Determine, monitor, and strengthen the organization's programs and services	-BOD is micro-managing clinic operations	-Fulfilled. BOD is using the dashboard to monitor programs and services -BOD is respecting the DOA document and no longer micro-managing clinic operations
-Support the Executive Director and assess his or her performance	-Not fulfilled	-Fulfilled BOD is respecting the DOA document. -BOD conducted a performance appraisal of the Executive Director

4.2. Level of implementation of and Compliance with the DOA

Findings were organized around the DOA's areas of delegation: operations financial management, human resources management, operations (clinic and outreach) management, and procurement management. In each case, procedures, limitations, and controls contained in the DOA were assessed in terms of compliance and level of implementation.

Operations Financial Management

Baseline, 2010

"Neither the Executive Director nor the Finance and Administrative Manager have signing authority to approve financial transactions such as bank transfers or checks. There is also no signing authority to neither deposit checks into JAFPP bank accounts nor make bank transfers for clinic operational costs. Either the President or the Treasurer does these operations."

"The main problem with the current system is a delay in payments that limits the administrative capacity to respond to operational needs of the organization. A delay on payment of salaries, and petty cash replenishments affects the morale of the staff and jeopardizes clinic operations. Delays in payment of rent of clinics put JAFPP at risk of penalties and eviction. Some delays in the payment of utilities have resulted in the interruption of the service in clinics."

- 1. Procedure:** *The Board of Directors authorizes the opening of a new bank account to manage the operational costs of the organization.*

2012 Compliance/status: Implemented. The operational checking account was opened and the signatories (Executive Director and Financial Manager) are exercising delegated authority.

2014 Compliance/status: Procedure in full compliance and sustained. The operational checking account is active and used routinely by the Executive Director and Financial Manager.

- 2. Procedure:** *The Executive Director submits monthly financial reports, bank reconciliation, and request of funds.*

2012 Compliance/status: Fully implemented. The Executive Director with the support of the Financial Manager are submitting to the BOD a expense report, bank reconciliation, and budget for next quarter quarterly.

2014 Compliance/status: Procedure in full compliance and sustained. F&A Manager prepares submits quarterly expense reports, bank reconciliation, and budget for the next three months, and Executive Director submits it to the BOD. Submissions are done timely on the 10th day of the month that follows the end of the quarter.

- 3. Procedure:** *The President and the Treasurer meet with the Executive Director and the F&A Manager, review the above-mentioned documents, and approve the budget for the*

coming quarter. The President and the Treasurer sign the letter of transfer to the bank with the approved amount.

2012 Compliance/status: Fully implemented. Financial manager prepares supporting documents that backs up expenses and requested funds. Quarterly letters of transfer are being implemented regularly. The BOD review of these reports needs to follow a specific process.

2012 Recommendation: It is recommended to strengthen this important part of the BOD oversight role.

2014 Compliance/status: Procedure in full compliance and sustained. This procedure was strengthened following previous recommendation. Currently, BOD reviews and approves quarterly reports and budgets in a regular BOD meeting and states it on the minutes of meeting. Eventual observations or recommendations are stated in the minutes of meetings as well. Then, the Chairman and the Treasurer of the BOD send a letter to the bank authorizing the transfer from the main account to the operational account.

- 4. Procedure:** *The Executive Director and F&A Manager jointly authorize payments and sign checks from the operations account provided that the expenses have been approved in the quarterly budget and is within of the authorized limits.*

2012 Compliance/status: fully implemented. Executive Director and the Financial Manager are authorizing payments and signing checks for budgeted expenses. Unplanned expenses due to either poor planning or unforeseen situations are systematically consulted with the BOD, regardless of the amount. The application of the procedure needs an adjustment that will allow the management to deal with unforeseen expenses that are not significant.

2012 Recommendation: The recommended changes are 10% flexibility in all line items, and a miscellaneous expenses line item that will not exceed 10% of the quarterly budget, exclusive of salaries.

2014 Compliance/status: Procedure in full compliance and sustained. The recommended changes were agreed with the BOD and implemented. Furthermore, a new F&A Manager was appointed in March 2014 and the BOD followed the procedure by giving signing authority on the operation account to the new appointee.

- 5. Procedure:** Observe the limitations of the DOA on Financial Management.

2012 Compliance/status: Fully implemented. These are being observed by both the Executive Director and the Financial Manager.

2014 Compliance/status: Procedure in full compliance and sustained. Both the BOD and the Executive Director and F&A Manager feel that the amount approval limits are reasonable.

- 6. Procedure:** Implement controls established in the DOA on Financial Management.

2012 Compliance/status: Not implemented. It was reported that the procedures to review the expense report, bank reconciliation, and approval of quarterly budgets are not being implemented systematically.

2012 Recommendation: The review process needs to be developed so the BOD will fulfill its oversight role.

2014 Compliance/status: Fully implemented. Quarterly reports and budgets are now being reviewed by the Chairman and the Treasurer prior to consideration and approval in a regular BOD meeting. Approvals as well eventual observations and/or recommendations are being stated in the minutes of meetings.

Human Resources Management

Baseline 2010

“Executive Director has currently no authority to appoint or terminate JAFPP employees. Article 29 points 13 of the bylaws states that “appointing and terminating employee services after consulting with the Executive Director” is one of the Board of Director’s powers.”

“In practice, the BOD through the Personnel Committee is very much involved in the process of selecting, interviewing, and finally deciding the person appointed for any given position regardless of the rank in the organization. The role of the Executive Director and First Line managers is merely administrative and they do not have decision making power in any of the positions organized in 15 levels. This practice has seriously affected the ability of the organization to develop an effective and efficient human resources management system that attracts and retains talented staff.”

1. **Procedure:** *The BOD delegate the authority to the Executive Director to appoint and terminate employees of Levels 1-11 in full observance with the HR procedures.*

2012 Compliance/status: Fully implemented and tested. *Ta’ziz* Project assisted JAFPP in the development and implementation of new SOPs that includes appointing and terminating employees, as well other HR functions as described below.

2014 Compliance/status: Procedure in full compliance and sustained. SOPs are fully operational. Eventual internal suggestions or recommendations to favor in the appointment of a given person are well managed and neutralized by the HR Manager using the SOPs.

2. **Procedure:** *Levels 12-14 (first-line managers): Appointment and termination of these employees will be approved by the Board of Directors at the request of the Executive Director.*

2012 Compliance/status: Not implemented. This procedure is part of the SOPs and will be tested with the appointment of the new financial manager.

2014 Compliance/status: Procedure was tested with the appointment of the new F&A Manager. This vacancy was filled by an internal candidate who was proposed to the BOD by the Executive Director.

3. **Procedure:** *The appointment of level 1–11 employees, as in all employees, must follow JAFPP’s norms and procedures. The process will be managed by the HR Manager and the future supervisor, in coordination with the Executive Director.*

2012 Compliance/status: Fully implemented. This is part of the SOPs developed with Ta’ziz project assistance.

2014 Compliance/status: Procedure in full compliance and sustained. Ad-hoc selection committees are organized for each vacancy. Additionally, the recommendation of the committee is presented and discussed in the weekly SMT meetings. The HR officer with Ta’ziz support defined and strategy to attract and retain female doctors which include reaching out newly graduated doctors and the payment of a hardship allowance as part of the compensation package.

4. **Procedure:** *A selection committee should be established for filling each vacancy. This committee should be composed by the Executive Director, the HR Manager, and the future supervisor. Other members of the executive team could be added in case of need. The selection committee makes the final decision in the case of appointment of Level 1-11 employees.*

2012 Compliance/status: Implemented partially. JAFPP has not appointed yet an HR manager. JAFPP appointed an HR officer working under the medical manager, in the understanding that this is a temporary solution. During the consultancy period, JAFPP made the HR Officer report directly to the executive director. However, the HR officer is just fulfilling general personnel actions.

2012 Recommendation: The HR officer will need intensive support and training to develop her skills and competencies to perform as HR manager.

2014 Compliance/status: Fully implemented. A new HR Officer was appointed and received both technical assistance and training and is performing the HR function in full observance of the SOPs. As stated above, ad-hoc selection committees are organized for each vacancy and are empowered to make the final decision to appoint Level 1-11 employees. . Furthermore, the recommendation of the committee is presented and discussed in the weekly SMT meetings.

5. **Procedure:** *The Executive Director informs in the next Board of Directors meeting of all appointments and terminations approved. These decisions are backed with the necessary documentation to prove that procedures have been observed.*

2012 Compliance/status: Fully implemented and tested. Procedures are consistent with the SOPs.

2014 Compliance/status: Procedure in full compliance and sustained.

6. **Procedure:** *Acceptance of resignations for Level 1–11 employees will be done in consultation with the immediate supervisor. The Executive Director reports to the Board of Directors in the next regular meeting.*

2012 Compliance/status: Fully implemented and tested. Procedures are consistent with the SOPs.

2014 Compliance/status: Procedure in full compliance and sustained.

7. **Procedure:** *Appointment of substitutes for Level 1–11 employees is granted by the Executive Director at the request of the immediate supervisor and the manager of the respective department.*

2012 Compliance/Status: Implemented and tested. Procedures are consistent with the SOPs.

2014 Compliance/current status: Procedure in full compliance and sustained.

8. **Procedure:** *Approval of vacations for Level 1–14 employees is granted by the Executive Director at the request of the immediate supervisor and the manager of the respective department.*

2012 Compliance/status: Implemented and tested. Procedures are consistent with the SOPs.

2014 Compliance/status: Procedure in full compliance and sustained.

9. **Procedure:** Observe limitations of the DOA in HR Management.

2012 Compliance/status: Fully implemented. These are being observed by both the Executive Director and Executive Team following the SOPs.

2014 Compliance/current status: Procedure in full compliance and sustained.

10. **Procedure:** Implement controls established in the DOA:

2012 Compliance/status: The status of the controls established in the DOA follows:

- Hiring a Human Resources Manager: Pending. An HR Officer is partially fulfilling the HR function.
- Assessing the HR procedures including the new delegation of authorities: Fully implemented. The only observation is that the SOPs are using a 16-level salary scale classification whereas the DOA assumes the old 14-level classification. It is important to make this adjustment in the SOPs so they could state clearly the equivalent of the 16-level classification with the 14-level classification in terms of delegation of authority.
- Redefining the salary scale and establish clear criteria and procedures to determine initial salaries of employees. The task was implemented and it is pending BOD approval.

- Defining a standard reporting system for all HR actions taken regardless of who is taken the final decision. In process of development implementation
- Reviewing monthly the HR reports on a regular Board of Directors' meeting: in process of implementation. The Executive Director needs an HR report that describes the HR situation in the association.

2014 Compliance/status:

- Hiring a Human Resources Manager: Implemented. The JAFPP's HR Officer received technical assistance and training and is fulfilling the HR function. The HR Officer obtained an HR diploma at the Talal Abu Ghazaleh College in Amman in November 2013.
- Assessing the HR procedures including the new delegation of authorities: Fully implemented and sustained. Old and new employee classification levels were made compatible in the SOPs.
- Redefining the salary scale and establish clear criteria and procedures to determine initial salaries of employees: Fully implemented after receiving BOD approval.
- Defining a standard reporting system for all HR actions taken regardless of who is taken the final decision: Fully implemented. The HR standard report was developed to inform major HR actions.
- Reviewing monthly the HR reports on a regular Board of Directors' meeting: in process of implementation. Fully implemented. The HR report is used by the Executive Director to inform the BOD.
- Additionally, performance appraisals were successfully implemented for all JAFPP staff including the Executive Director.

Operations (Clinic and Outreach) Management

Baseline 2010

"Neither the Executive Director nor the Medical Services Director, and the Director of Programs and Community Services have the authority to approve meetings and attendance of staff at technical meetings and training or attendance at events. In fact, the Board of Directors has to provide prior approval for those activities even if they were included in the annual workplan and budget. Besides, decisions related with the allocation of the relief team to clinics, temporary substitutions due to vacation or illness also need prior approval from the Board of Directors through its Medical Committee. This lack of latitude in operational decision-making has resulted in inefficiency and delays to respond to managerial, operational and clinical needs in the JAFPP's clinic network."

- 1. Procedure:** *The Board of Directors delegates the authority to the Executive Director to manage the programmatic operations in coordination with either the Medical Services Manager and/or the Manager of Programs and Community Services.*

2012 Compliance/status: Fully implemented. Both the Medical Services Manager and the Marketing Manager are managing day-to-day operations without BOD approval. Furthermore, the BOD Medical Committee's duties were redefined,

focusing on policies and strategies so the Medical Services Manager has more autonomy.

2014 Compliance/status: Procedure in full compliance and sustained. Both the Medical Services Manager and the Marketing Manager reported a higher and sustained degree of autonomy regarding programmatic decisions.

2. **Procedure:** *The Executive Director at the request of the Medical Services Director or the Director of Programs and Community Services can approve the realization of supervision visits, staff meetings and trainings that are part of the annual workplan and approved in the quarterly budget. It also includes the decision of the venue, agenda, and dates.*

2012 Compliance/status: Fully implemented. Medical and Marketing Directors are making and implementing these decisions in coordination with the Executive Director.

2014 Compliance/status: Procedure in full compliance and sustained.

3. **Procedure:** *Use of JAFPP's vehicles will be coordinated with the F&A Manager*

2012 Compliance/status: Fully implemented. The task of managing transportation was assigned to the General Services Manager and SOPs were established. Furthermore, a maintenance management system to maintain JAFPP facilities and equipment was established. The system incorporates the following policies: inspection maintenance, preventive maintenance, corrective maintenance, maintenance communication, guidance and training, purchase of spare parts, and maintenance contracts.

2014 Compliance/status: Procedure in full compliance and sustained. The maintenance system is fully operational and serving its purpose. One of the main achievements was setting up a system to rationalize both the use of cars and fuel consumption.

4. **Procedure:** *The Executive Director can also approve the attendance of staff at the request of the respective supervisor, to events such as local conferences and trainings whose expenses will be paid by the government, donor, project or third party.*

2012 Compliance/status: Fully implemented. This is part of the SOPs developed with Ta'ziz project support. The design and development of a training reporting system is still pending.

2014 Compliance/status: Procedure in full compliance and sustained. Training management SOP is fully operational and serving its purpose.

5. **Procedure:** *The Board of Directors and the Executive Director according to rules and regulations must approve attendance at international conferences or training activities.*

2012 Compliance/status: Fully implemented. Procedure to regulate local and international training activities for BOD members and employees is part of the SOPs.

2014 Compliance/status: Procedure in full compliance and sustained.

6. Procedure: Observe limitations of the DOA on Operations Management.

2012 Compliance/status: These are being observed by the Executive Director, the Medical Services Director, and the Marketing Director.

2014 Compliance/status: Procedure in full compliance and sustained.

7. Procedure: Implement controls established in the DOA on Operations Management. Activities such as supervision visits, staff meetings, training and attendance to events should be part of the reports sent to the Board of Directors.

2012 Compliance/status: Supervision visits, staff meetings, training and attendance to events are reported by the Executive Director to the BOD.

Recommendation: It is recommended to verify the quality of these reports to the BOD.

2014 Compliance/status: The procedure is being implemented. Supervision visits reports are reviewed and verified by Ta'ziz technical team. Training and attendance to events reports are part of the training management SOP which was developed and fully implemented as an integral part of human resources management system.

Procurement Management

Baseline 2010

"The Executive Director has no authority to approve any procurement activity in the organization. Approval decision power for all procurement is held by the Board of Directors through ad-hoc Procurement Committees composed of members of the Board of Directors and sometimes members of the Executive Team. There is no distinction in procedures related to the value and urgency of the procurement. This practice has resulted in inefficiency and delays to respond to operational and clinical needs in the JAFPP's clinic network."

1. Procedure: *The Board of Directors delegates the authority to the Executive Director to manage the procurement process of goods and services within the established ceiling (JOD 5,000) and in coordination with either the F&A Manager and the head of the respective department or unit that requested such a procurement.*

2010 Compliance/status: Implemented. A Procurement Committee was established and is using existing procurement procedures amended according to the ranges established in the DOA. New procedures establish steps to be taken by the different levels of authority. None of the expenses incurred after the approval of the DOA exceeded the JOD 5,000 limit.

2014 Compliance/status: Procedure in full compliance and sustained. The Procurement Committee is active and leading the decision making according to the DOA. One of the procurements exceeded the JOD 5,000 limit and members of the BOD participated in the Procurement Committee in full observance of the DOA.

2. **Procedure:** *Procurements for each month will be included in the quarterly budget and approved by the President and Treasurer.*

2010 Compliance/status: Fully implemented.

2014 Compliance/status: Procedure in full compliance and sustained.

3. **Procedure:** *The Executive Director will set the Procurement Committee and initiate the process according to the JAFPP's rules and procedures. The Executive Director will chair the Procurement Committee, which will take final decision.*

Compliance/Current Status: Implemented. Procurement committee was established and it is following procurement procedures.

2014 Compliance/status: Procedure in full compliance and sustained.

4. **Procedure:** *Minutes of meeting of the committee as well as all backup documentation will be part of the quarterly report submitted to the President and Treasurer.*

2012 Compliance/status: Implementing. The procurement process is being documented and is part of the information shared with the BOD.

2014 Compliance/status: Procedure in full compliance and sustained.

5. **Procedure:** Observe limitations of the DOA in Procurement Management.

2012 Compliance/status: Fully implemented. These are being observed by both the Executive Director and Executive Team.

2014 Compliance/status: Procedure in full compliance and sustained.

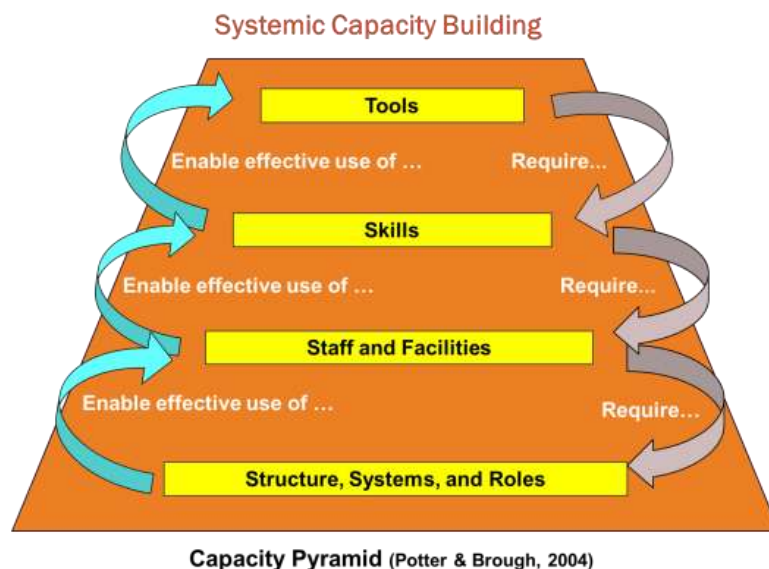
6. **Procedure:** Implement controls established in the DOA on Procurement Management

2012 Compliance/status: Implemented. The Executive Director is providing monthly report of procurement activities along with backup documentation. As stated in the Financial Management area, the BOD review of these reports needs to be strengthened.

2014 Compliance/status: Procedure in full compliance and sustained. Report of procurement activities are an integral part of the financial quarterly reports which are reviewed by the BOD, approved in a formal meeting, and state the decision in the minutes of meeting.

4.3. Reassessment of the Capacity-Building process

The *Systemic Capacity Building* framework was used in July 2012 to assess the project's capacity to respond to the hierarchy of capacity building needs that JAFPP has. The capacity needs assessed were: performance, personnel, workload, supervisory, support service, structural, and role. The same methodology was applied to do this reassessment.



Performance capacity: are the tools available to do the job?

2012 Status: JAFPP has successfully adopted a new legal framework composed of amended by-laws, a DOA, a Code of Conduct, and a Manual of Roles and Responsibilities. Performance capacity was strengthened with the development of key SOPs in the areas of financial management, human resources, and procurement, and clinic management.

2012 Recommendations: The basic tools to strengthen governance and management performance have been developed and somehow adopted by the organization. Improvement opportunities include enforcing the use of them in the areas identified in the JAFPP governance self-assessment document dated April 2010, and complete the development of the SOPs to cover all managerial functions.

2014 Status: JAFPP's adoption of new legal framework has been sustained and is fully institutionalized. Management support systems have been substantially strengthened in the areas of financial management, information, human resources, procurement, maintenance, marketing, and clinic management. These improvements are also fully institutionalized. The March 2011 Governance Self-Assessment Tool (GSAT) report shows that compliance with formal policies and procedures, delegation of authority, and productivity of BOD meetings were the highest-performing areas. Compliance with Code of Ethics and development of Membership in the Association and BOD remains as a challenge.

Personnel (staff) capacity: is the staff sufficiently knowledgeable, skilled, and confident to perform properly?

2012 Status: It is generally accepted by the executive staff that there is a gap between the current staff capacity and the capacity needed to face the organizational challenges ahead. The project is contributing to closing the gap through targeted technical assistance, training and coaching to the executive staff.

2012 Recommendations: Strengthening of executive staff skills to perform key functions needed to be assessed on a one by one basis. This needs assessment should be translated into a competency-based training and coaching program.

2014 Status: In general, the gap in the executive team in terms of knowledge and skills still persists in spite of the efforts made by the *Ta'ziz* Project through technical assistance, training, and coaching. All these efforts need to be continued through the remaining of the Project.

Workload capacity: are there enough employees with the skills to cope with the workload? Are job descriptions practicable and skill mix appropriate?

2012 Status: The *Ta'ziz* project put human resources management systems as a top priority. Based on the December 2010 job assessment and organizational analysis of JAFPP, and subsequent changes in the organizational structure, it is clear that the current management structure has sufficient workload capacity in terms of the number of staff.

2012 Recommendations: Improvement of workload capacity should focus on skills development and optimization of the current structure. Specific challenges are: a) the hiring of a competent HR Manager or upgrading the skills of the current HR Officer to fulfill this important function, and b) supporting the new Financial Manager.

2014 Status: One of the most remarkable achievements of the *Ta'ziz* Project is the design and implementation of the HR function which was inexistent at the beginning of the Project. Based on the current assessment, the HR management system is fully implemented and has substantially contributed to improve the staff capacity to deal with the current and upcoming demand. In addition of the SOPs development and implementation, updating job descriptions, and the training of the HR Officer, redefining the salary scale and establish clear criteria and procedures to determine initial salaries of employees is a major achievement that contributed to both employee morale and an overall sense of compensation fairness.

Supervisory capacity: are there reporting and monitoring systems in place? Are there clear lines of accountability?

2012 Status: Reporting and monitoring systems have improved although they are not fully developed. Both the president of the board and members of the executive team expressed the need to improve the quality of the reporting and monitoring system for decision-making and building accountability. The supervision of the clinic network and social services is inadequate in terms of frequency of visits. The reason, as expressed by the managers of these areas, is shortage of transportation. The content of

the supervision visits to the clinics was also considered inappropriate in relation to the current needs.

2012 Recommendations: The standardization of reports for all managerial functions appears to be a priority. Areas of improvement include the development of procedures to make the report review a systematic process (i.e., a procedure to review the reports submitted by the Executive Director to the BOD) and the improvement of both the frequency and content of the supervisory visits to the clinic network and community outreach programs.

2014 Status: Reporting and monitoring systems have been improved and sustained. However, the clinics supervisory capacity is still developing. Main reasons identified include: a) insufficient staff: supervisions are conducted only by the Clinical Manager. A second full-time staff for clinical supervision was available two years ago; b) lack of participation of other first line managers in clinic supervisory visits. Neither the Financial Manager nor the Information Systems Manager visits the clinics. It is strongly recommended that JAFPP reconsider the decision of removing the clinical supervisor position, and involve other first line managers in the supervision of clinics and community outreach programs.

Support service capacity: Are there maintenance, logistic, and quality control systems in place?

2012 Status: Maintenance, administrative, logistic, and quality systems have been improved because of changes in the organizational structure and the development of SOPs in some areas. The support to pursue the accreditation of two of the clinics is very positive and it is catalyzing a strengthening of JAFPP's support service capacity.

2012 Recommendations: Complete the SOPs for all support service areas.

2014 Status: Clinic support systems such as logistics, maintenance, administrative, and quality improvement have been strengthened and sustained. The SOPs were completed for all support service areas and are benefiting operations at the clinic level. *Taz'iz* will develop an inventory management system in Year 5 to strengthen the support service capacity.

Systems capacity: do the flows of information, money and managerial decisions function in a timely and effective manner? Can purchases be made without lengthy delays for authorization? Are proper filing and information systems in use?

2012 Status: Management support systems, including financing, accounting, and information have considerably improved. The implementation of the DOA along with the strengthening of the information management function has contributed to that improvement through the dashboard. Executive managers stated that the managerial systems are more effective and efficient in terms of fewer delays for day-to-day requests.

2012 Recommendations: Timeliness and use of information appear to be a priority area to improve systems capacity.

2014 Status: Resource management systems have been improved and sustained. Additionally, the SMT is consistently using the information generated by the dashboard. The strengthening of the support systems along with timely access to information and weekly SMT meetings have improved JAFPP's capacity to better respond to the needs at the clinic level.

Structural capacity: are there decision-making forums where corporate decisions made, records kept, and individuals called to account for non-performance?

2012 Status: *Ta'ziz* support to institutionalize weekly executive team meetings has been instrumental to build JAFPP's structural capacity. These meetings, praised as "one of the best things that *Ta'ziz* has done," have become the venue for consensus building, decision-making, and information sharing among the senior management team. It also enabled the implementation of the DOA and it set the tone of the new role of the Executive Director vis-à-vis the BOD. The decision-making process at the BOD has not experienced the same level of improvement.

2012 Recommendations: Two priority areas for strengthening the structural capacity were identified: 1) strengthening the executive team through a team-building workshop, and development of cross-cutting skills and tools for problem solving, decision making, communication, and time management, and 2) improving the decision-making process in the BOD meetings through tailored training and follow up. The experience obtained with the weekly executive team meetings could be helpful to design and implement this recommendation.

2014 Status: The weekly executive team meetings have been sustained and are fully institutionalized as the forum for coordination, consultation, and decision making. Members of the SMT continue to consider this intervention as a very important *Ta'ziz* contribution that has improved the quality and timeliness of decisions. *Ta'ziz* will continue to provide support to strengthen the SMT weekly meetings as a key decision-making forum.

Role capacity: do individuals, teams and committees have the authority and responsibility to make the decisions essential for effective performance?

2012 Status: The successful implementation of the DOA is the single most important element that contributed to strengthen line management roles in JAFPP. The Executive Director and first line managers have received and are exercising the authorities stated explicitly in the DOA. The President of the BOD expressed his willingness to continue to implement the DOA. The Executive Director is in the process of learning and assuming these new responsibilities.

2012 Recommendations: The Executive Director and the management team will benefit from coaching to boost their confidence to both make decisions and influence the decision making process at the BOD level.

2014 Status: The successful implementation of the DOA is fully implemented and has been institutionalized. The balance between authority and responsibility has been established and empowered both the Executive Director and first line managers to

make timely decisions that are essential for clinic and program performance. They are more comfortable making decisions and expressed interest in assuming new authorities if the BOD would be willing to do so. However, it is very important to continue to provide coaching to the Executive Director and the management team to strengthen their capacity to make better and timely decisions.

5. JAFPP progress in achieving the governance and management indicators of the PMP

The determination of JAFPP progress against the following indicators in the PMP was based on the reassessment of the level of implementation and compliance of the DOA, and the assessment of the elements of the *Systemic Capacity Building* process that are directly related with management and governance.

- ***83 % of adherence to management authority procedures and policies***

Rationale: Most of the management authority delegation powers have been effectively delegated and are in adherence with the procedures established in the DOA and the JAFPP's bylaws. Furthermore, the level of adherence increased and has been sustained in the last two years.

- ***95% of adherence to human resource procedures and policies***

Rationale: The HR function has been successfully implemented within JAFPP in the last two years. SOPs that were developed with *Ta'ziz* support and the HR Officer in charge received technical assistance and training. The HR procedures and policies defined in the DOA and bylaws have been successfully implemented and sustained. Additionally, performance appraisals were successfully implemented for all staff including the Executive Director.

- ***95 % of adherence to financial management procedures and policies***

Rationale: The Financial Management area has been strengthened with *Ta'ziz* support through technical assistance, and development of SOPs. Financial management procedures and policies as defined in the DOA and bylaws have been successfully implemented and sustained in the last two years.

6. Suitability of the *ProCap Index* assessment tool to measure JAFPP capacity building

The *ProCap Index* assessment tool was reviewed to determine its suitability for use to measure JAFPP progress in organizational development areas. The use of this tool is not recommended in this assessment due to the following reasons:

- The *ProCap Index* requires a longer time than the assigned for this assessment. It also requires two specific surveys (employee satisfaction and client satisfaction) that need to be applied.
- The content of the *ProCap Index* doesn't cover some of the specific areas of intervention in governance and management systems implemented under the *Ta'ziz* project
- *ProCap Index* will not allow a comparison with the July 2010 baseline and the first assessment conducted in July 2012.

7. Conclusions and recommendations to enhance governance and management

Overall Conclusions

1. Governance is effectively working under new bylaws, DOA, and Code of Ethics. The JAFPP governance and management structures, systems, and procedures have continued to improve and have been sustained in the last two years. This is a clear signal that the organizational change has been institutionalized.
2. The organizational change process was driven by the JAFPP's SMT with Ta'ziz project support. Both the Executive Director and first line managers participated actively and are revealed a good level of commitment.
3. Change process was affected in part by the instability of the BOD leadership. This constraint was effectively overcome through continuous dialogue and coordination between the different board members and the *Ta'ziz* project.
4. There are good reasons to sustain that the quality of BOD and Management's decision making has improved and is generally based on information and consultation.
5. Key interventions in the capacity building process included:
 - Implementation of the DOA in four critical areas: financial management, human resources, operations, and procurement
 - Adjustments in the organizational structure
 - Development of the SOPs for key areas: financial management, human resources, operations, and procurement
 - Design and development of the human resources function
 - Improvement of the management information systems function
 - Institutionalization of weekly executive team meetings as a decision mechanism forum
 - Strengthening of key management support functions: financial management, information, human resources, supervision, procurement, and maintenance
6. There is clear progress on key capacity building areas: performance capacity, staff capacity, workload capacity, supervisory capacity, support service capacity, systems capacity, structural capacity, and role capacity. Supervisory capacity is the weakest area.

7. As a result, JAFPP is back on track and expanding thanks in part to governance and management improvement as well as other *Ta'ziz* project efforts in infrastructure, marketing and quality improvement. Management is more empowered and in a better position to support clinics and programs than two years ago. However, clinics require a higher productivity and higher utilization of capacity to achieve the objectives defined in the JAFPP Emergency 18-Month Business Plan 2014-2015 submitted in May 11, 2014. The real challenge is to maximize the use the existing management capacity to support the clinic network.
8. The estimate of the JAFPP progress against the PMP indicators on governance and management follows.
 - 83% adherence to management authority procedures and policies
 - 95% adherence to human resource procedures and policies
 - 95% adherence to financial management procedures and policies

Overall recommendations

The overall recommendations emerging from this reassessment are:

1. **Harness the potential of JAFPP's management systems to improve the performance of the clinic network.** In other words, transforming capacity into performance. As stated above, clinics require a higher productivity and higher utilization of capacity to achieve the objectives defined in the JAFPP Emergency 18-Month Business Plan 2014-2015. Specific recommendations to maximize the use the existing management capacity to support the clinic network include:
 - Strengthening of the clinical supervision function and capacity: assessment and review of the clinical supervision procedures, and restore the clinical supervisor position. Having two full time staff to perform the supervision function is considered the bare minimum given the number and geographic distribution of clinics.
 - Integration of other first line managers in the supervision process: schedule regular and coordinated visits to clinics by the managers in charge of Finances, Information Systems, and Human Resources. The content of these visits as well as the report tools need to be developed and communicated.
 - Improvement of the level of coordination with the demand generation/marketing activities: regular SMT meetings to analyze the performance of individual clinics against the Business Plan and define action plans; and improve the level of involvement of clinic staff in demand generation/marketing activities.
2. **Optimize the quality and use of information in the decision making process.** In spite of the great progress in terms of use of information in decision making, a review and standardization of reports for all managerial functions is recommended. The review should take into account three types of users of information: the BOD, the SMT, and the Clinic Staff. Finally, the usefulness of the different reports in decision making need to be assessed and make the necessary adjustments.
3. **Continue the support to the Executive Director and SMT members.** The *Ta'ziz* project should continue the coaching to Executive Director and SMT members to

strengthen management staff skills to perform key managerial functions. It can also include a team-building workshop, and development of cross-cutting skills and tools for problem solving, decision making, communication, and time management.

- 4. Continue the training of BOD members on effective governance.** It is also important to continue to improve the BOD's capacity to enhance the level of effective governance achieved. Training should focus on: decision making process in the BOD meetings; performance of BOD's basic responsibilities; skills to enhance the oversight role such as review of financial reports and use of dashboard. If opportunity arises, the development of Membership in the Association and BOD is one of the important matters that need to be addressed.

Annex 1: List of Contacts

<i>Organization</i>	<i>Person</i>	<i>Title</i>
USAID/Jordan	Ziad Muasher	<i>AOR, Project Management Specialist Office of Population and Family Health</i>
JAFPP (Board of Directors)	Basel Al Hadid	<i>President</i>
	Abdul-Rahm Salah	<i>Treasurer</i>
JAFPP (Executive Team)	Bassam Anis	<i>Executive Director</i>
	Salma Al Zobi	<i>Medical Services Manager</i>
	Mohammed Abu Hashem	<i>Finance Manager</i>
	Islam Alkam	<i>Information Services Manager</i>
	Wafa Nafe	<i>Programs and Social Marketing Manager</i>
	Sultan Al Hadeed	<i>Operations Manager</i>
	Lana Emareen	<i>Human Resources Officer</i>
Ta'ziz Project	Reed Ramlow	<i>Chief of Party</i>
	Maha Shadid	<i>Deputy Chief of Party</i>
	Hanan Zaidah	<i>Organizational Development Manager</i>

Annex 2: JAFPP Governance & Management Timeline 2007-2014

